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CONFIRMATION NO. 1945

<b>SERIAL NUMBER</b> 10/751,056	<b>FILING OR 371(c) DATE</b> 01/02/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> FEM 104
<b>APPLICANTS</b> Gerianne Tringali DiPiano, Malvern, PA; Peter Kevin Mays, Philadelphia, PA; John Ziemniak, Gwynedd Valley, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/437,778 01/02/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/13/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 19
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23579				
<b>TITLE</b> Pharmaceutical preparations for treatments of diseases and disorders of the breast				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	